

RECEIVED
CENTRAL FAX CENTER

MAR 16 2006

PTO/SSB/21 (08-04)

Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

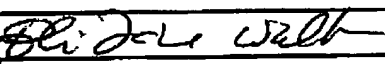
15

Application Number	10/669,923
Filing Date	September 24, 2003
First Named Inventor	Jonathan O. Ward
Art Unit	2643
Examiner Name	Binh Kien Thue
Attorney Docket Number	BS99166CON

ENCLOSURES (Check all that apply)

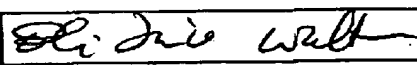
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	WALTERS & ZIMMERMAN		
Signature			
Printed name	Bambl Falvre Walters		
Date	MARCH 16, 2006	Reg. No.	45,197

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Bambl Falvre Walters	Date	MARCH 16, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

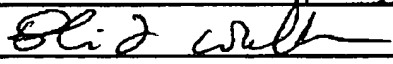
RECEIVED

CENTRAL FAX CENTER

Mar 16 2006 11:32PM WALTERS & ZIMMERMAN 7572535729

p. 2

MAR 16 2006

FEE TRANSMITTAL for FY 2005				Application Number 10/669,923																																																		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Filing Date September 24, 2003																																																		
				First Named Inventor Jonathan O. Ward																																																		
				Examiner Name Binh Kien Tieu																																																		
				Art Unit 2643																																																		
TOTAL AMOUNT OF PAYMENT				\$1,020.00																																																		
METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Deposit Account Deposit Account No. 19-2167 Deposit Account Name:																																																						
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments																																																						
FEE CALCULATION																																																						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 5px;">FILING FEES</th> <th colspan="2" style="text-align: left; padding: 5px;">SEARCH FEES</th> <th colspan="2" style="text-align: left; padding: 5px;">EXAMINATION FEES</th> </tr> <tr> <th style="text-align: left; padding: 5px;">Application Type</th> <th style="text-align: left; padding: 5px;">Fee (\$)</th> <th style="text-align: left; padding: 5px;">Small Entity Fee (\$)</th> <th style="text-align: left; padding: 5px;">Fee (\$)</th> <th style="text-align: left; padding: 5px;">Small Entity Fee (\$)</th> <th style="text-align: left; padding: 5px;">Fee (\$)</th> <th style="text-align: left; padding: 5px;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Utility</td> <td style="text-align: right; padding: 5px;">300</td> <td style="text-align: right; padding: 5px;">150</td> <td style="text-align: right; padding: 5px;">500</td> <td style="text-align: right; padding: 5px;">250</td> <td style="text-align: right; padding: 5px;">200</td> <td style="text-align: right; padding: 5px;">100</td> </tr> <tr> <td style="padding: 5px;">Design</td> <td style="text-align: right; padding: 5px;">200</td> <td style="text-align: right; padding: 5px;">100</td> <td style="text-align: right; padding: 5px;">100</td> <td style="text-align: right; padding: 5px;">50</td> <td style="text-align: right; padding: 5px;">130</td> <td style="text-align: right; padding: 5px;">65</td> </tr> <tr> <td style="padding: 5px;">Plant</td> <td style="text-align: right; padding: 5px;">200</td> <td style="text-align: right; padding: 5px;">100</td> <td style="text-align: right; padding: 5px;">300</td> <td style="text-align: right; padding: 5px;">150</td> <td style="text-align: right; padding: 5px;">160</td> <td style="text-align: right; padding: 5px;">80</td> </tr> <tr> <td style="padding: 5px;">Reissue</td> <td style="text-align: right; padding: 5px;">300</td> <td style="text-align: right; padding: 5px;">150</td> <td style="text-align: right; padding: 5px;">500</td> <td style="text-align: right; padding: 5px;">250</td> <td style="text-align: right; padding: 5px;">600</td> <td style="text-align: right; padding: 5px;">300</td> </tr> <tr> <td style="padding: 5px;">Provisional</td> <td style="text-align: right; padding: 5px;">200</td> <td style="text-align: right; padding: 5px;">100</td> <td style="text-align: right; padding: 5px;">0</td> <td style="text-align: right; padding: 5px;">0</td> <td style="text-align: right; padding: 5px;">0</td> <td style="text-align: right; padding: 5px;">0</td> </tr> </tbody> </table>						FILING FEES			SEARCH FEES		EXAMINATION FEES		Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100	Design	200	100	100	50	130	65	Plant	200	100	300	150	160	80	Reissue	300	150	500	250	600	300	Provisional	200	100	0	0	0	0
FILING FEES			SEARCH FEES		EXAMINATION FEES																																																	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																																																
Utility	300	150	500	250	200	100																																																
Design	200	100	100	50	130	65																																																
Plant	200	100	300	150	160	80																																																
Reissue	300	150	500	250	600	300																																																
Provisional	200	100	0	0	0	0																																																
2. EXCESS CLAIM FEES																																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">Fee Description</th> <th style="text-align: right; padding: 5px;">Fee (\$)</th> <th style="text-align: right; padding: 5px;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Each claim over 20 (including Reissues)</td> <td style="text-align: right; padding: 5px;">50</td> <td style="text-align: right; padding: 5px;">25</td> </tr> <tr> <td style="padding: 5px;">Each independent claim over 3 (including Reissues)</td> <td style="text-align: right; padding: 5px;">200</td> <td style="text-align: right; padding: 5px;">100</td> </tr> <tr> <td style="padding: 5px;">Multiple dependent claims</td> <td style="text-align: right; padding: 5px;">360</td> <td style="text-align: right; padding: 5px;">180</td> </tr> </tbody> </table>						Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20 (including Reissues)	50	25	Each independent claim over 3 (including Reissues)	200	100	Multiple dependent claims	360	180																																					
Fee Description	Fee (\$)	Small Entity Fee (\$)																																																				
Each claim over 20 (including Reissues)	50	25																																																				
Each independent claim over 3 (including Reissues)	200	100																																																				
Multiple dependent claims	360	180																																																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">Total Claims</th> <th style="text-align: left; padding: 5px;">Extra Claims</th> <th style="text-align: left; padding: 5px;">Fee (\$)</th> <th style="text-align: left; padding: 5px;">Fee Paid (\$)</th> <th style="text-align: left; padding: 5px;">Multiple Dependent Claims</th> <th style="text-align: left; padding: 5px;">Fee (\$)</th> <th style="text-align: left; padding: 5px;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">_____ - 20 or HP = _____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">x _____</td> <td style="padding: 5px;">= _____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> </tr> </tbody> </table>						Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	_____ - 20 or HP = _____	_____	x _____	= _____	_____	_____	_____																																			
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)																																																
_____ - 20 or HP = _____	_____	x _____	= _____	_____	_____	_____																																																
HP=highest number of independent claims paid for, if greater than 3.																																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">Indep. Claims</th> <th style="text-align: left; padding: 5px;">Extra Claims</th> <th style="text-align: left; padding: 5px;">Fee (\$)</th> <th style="text-align: left; padding: 5px;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">_____ - 3 or HP = _____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">x _____</td> <td style="padding: 5px;">= _____</td> </tr> </tbody> </table>						Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_____ - 3 or HP = _____	_____	x _____	= _____																																									
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																																																			
_____ - 3 or HP = _____	_____	x _____	= _____																																																			
HP=highest number of independent claims paid for, if greater than 3																																																						
3. APPLICATION SIZE FEE																																																						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">Total Sheets</th> <th style="text-align: left; padding: 5px;">Extra Sheets</th> <th style="text-align: left; padding: 5px;">Fee (\$)</th> <th style="text-align: left; padding: 5px;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">_____ - 100 = _____</td> <td style="padding: 5px;">_____ / 50</td> <td style="padding: 5px;">_____ (round up) x _____</td> <td style="padding: 5px;">= _____</td> </tr> </tbody> </table>						Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)	_____ - 100 = _____	_____ / 50	_____ (round up) x _____	= _____																																									
Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)																																																			
_____ - 100 = _____	_____ / 50	_____ (round up) x _____	= _____																																																			
4. OTHER FEE(\$)																																																						
Non-English Specification, \$130 fee (no small entity discount)																																																						
Other (e.g., late filing surcharge): <u>Three Month Extension of time</u>																																																						
1,020.00																																																						
SUBMITTED BY:																																																						
Name (Print/Type)	Bambi F. Walters	Registration No. (Attorney/Agent)	45,197	Telephone:	(757) 253-5729																																																	
Signature			Date	MARCH 16, 2006																																																		

**RECEIVED
CENTRAL FAX CENTER**

MAR 16 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Ward, Jonathan**Group Art Unit:** 2643**Application No.** 10/669,923**Examiner:** Binh Kien Tieu**Filed:** September 24, 2003**Title:** "Methods and Systems for Billing and Routing Local Toll-Free Calls"

VIA FACSIMILE 571-273-8300

TC2600, Before Final

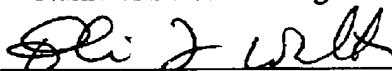
Attn: Examiner Binh Kien Tieu

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: 3/16/06 (date of transmission).

Bambi F. Walters

Name of Person Faxing This Paper



Signature

march 16, 2006Date of Transmission

**AMENDMENT AND RESPONSE TO
SEPTEMBER 16, 2005 OFFICE ACTION**

This Response is filed in reply to the Office Action mailed on September 16, 2005, and it is believed to place the above-identified Application in condition for allowance.

Assignee responds as follows:

03/17/2006 TL0111 00000011 10669923

01 FC:1253

1020.00 OP